

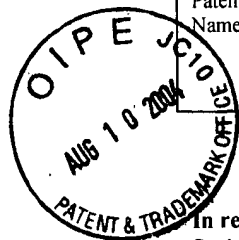
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Certificate of Mailing By "U.S. Express Mail" Under 37 C.F.R. 1.10(c)
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 Patents, Washington, DC 20231.

Name: Chris Vo
Chris Vo
 Signature

8/10/04
 Date



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Fernandez, Dennis S.

Attorney Docket No.: FERN-P013

Serial No.: 10/646,682

Examiner: Not yet assigned

Filed: 08/22/2003

Art Unit: Not yet assigned

For: Integrated Biosensor and Simulation System for Diagnosis and Therapy

Mail Stop Amendment
 Commissioner of Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL LETTER

Dear Sir:

1. **TRANSMITTED DOCUMENTS:** the following documents relating to the above-identified patent application are being transmitted herewith.

- ☒ a. An Amendment for this application: 7 pages.
- ☐ b. Substituted Formal Drawings: _____ sheets.
- ☐ c. A Petition For Extension of Time For Response under 37 CFR 1.136(a) incorporated herein.
- ☐ d. An Information Disclosure Statement under 37 CFR 1.97(b) ☒ 1.97(c)
- ☒ e. A stamped, self-addressed, return postcard.
- ☐ f. A Check (# _____) for \$ _____ to cover required fees of this correspondence.

2. **APPLICANT FILING STATUS:**

- ☐ a. Applicant is a Large Entity.
- ☒ b. Applicant is a Small Entity.

3. **EXTENSION OF TIME:**

- ☐ a. Applicant petitions for an extension of time under 37 C.F. R. 1.136 for the total number of _____ months checked below (fees pursuant to 37 C.F.R. 1.17(a)-(d).

| <u>Extension of Time</u> | <u>Large Entity Fee</u> | <u>Small Entity Fee</u> |
|--------------------------|-------------------------|-------------------------|
| i. One (1) month . | _____ \$ 110.00 | _____ \$ 55.00 |
| ii. Two (2) month . | _____ \$ 410.00 | _____ \$ 205.00 |
| iii. Three (3) month . | _____ \$ 930.00 | _____ \$ 465.00 |
| iv. Four (4) month . | _____ \$ 1,450.00 | _____ \$ 725.00 |
| v. Five (5) month . | _____ \$ 1,970.00 | _____ \$ 985.00 |

Extension Time Fee Total: _____.00

- ☒ b. Applicant believes that no extension of time is required. However, this conditional petition is being made in case Applicant has inadvertently overlooked the need for a petition for extension of time.

4. FEE CALCULATION:

The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

| Fee Items | Claims Remaining After Amendment | Highest Number of Claims Previously Paid | Present Extra Claims | Fee Rate | Total |
|--|----------------------------------|--|----------------------|--|--------|
| a. Total Claims | 20 | - 20 = | 0 | x \$ 18.00 Large Entity x \$ 9.00 Small Entity | \$.00 |
| b. Independent Claims | 3 | - 3 = | 0 | x \$ 84.00 Large Entity x \$ 42.00 Small Entity | \$.00 |
| c. Multiple Dependent Claims Added By This Amendment | | | | x 280.00 Large Entity x 140.00 Small Entity | |
| d. Extension of Time Fee Total, if any, from above EXTENSION OF TIME section 3a. | | | | | \$.00 |
| e. Additional Fees Required With This Correspondence | | | | | |
| i) 1.17 (p) Fee for Information Disclosure under 1.97(c) | | | | | \$.00 |
| e. Total Fees | | | | | \$.00 |

5. PAYMENT OF FEES

The full fee due in connection with this communication is provided as follows:

_____ The Commissioner is hereby authorized to charge the fees associated with this communication or credit any overpayment to **Deposit Account No: 500482**. A duplicate copy of this authorization is enclosed.

_____ A Check # _____ for \$ _____ for the above specified Total Fee is enclosed. However, should Applicant inadvertently miscalculated the required fee, the Commissioner is hereby authorized to charge the necessary additional amount associated with this communication or credit any overpayment to **Deposit Account No: 500482**.

X Applicant does not believe that any payment of fee is needed in association with this communication. However, should Applicant inadvertently miscalculated the required fee, the Commissioner is hereby authorized to charge any necessary amount associated with this communication or credit any overpayment to **Deposit Account No: 500482**.

Please direct all correspondence concerning the above-identified application to the following address:

FERNANDEZ AND ASSOCIATES, LLP

Patent Attorneys

P.O. BOX D

Menlo Park, CA 94026-6204

Phone: (650) 325-4999

Fax: (650) 325-1203

Respectfully submitted,

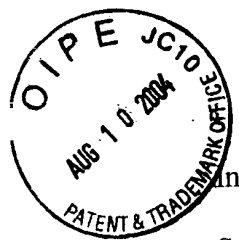


DENNIS S. FERNANDEZ

Registration No. 34,160

8/10/04

Date



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor: Fernandez Attorney Docket No.: FERN-P013

Serial No: 10/646,682 Group Art Unit: ---

Filed: 08/22/2003 Examiner: ---

5 Title: Integrated Biosensor and Simulation System for Diagnosis and Therapy

PRELIMINARY AMENDMENT

10 Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

15 **Amendments to Claims** are reflected in listing of claims which begins on page 2.

Remarks begin on page 7.